

Europäisches Patentamt  
European Patent Office  
Office européen des brevets



(11)

**EP 1 293 178 A2**

(12)

**EUROPEAN PATENT APPLICATION**

(43) Date of publication:  
19.03.2003 Bulletin 2003/12

(51) Int Cl.7: **A61F 2/06**

(21) Application number: **02256355.5**

(22) Date of filing: **13.09.2002**

(84) Designated Contracting States:  
**AT BE BG CH CY CZ DE DK EE ES FI FR GB GR  
IE IT LI LU MC NL PT SE SK TR**  
Designated Extension States:  
**AL LT LV MK RO SI**

• **Fischell, Tim A.**  
**Richland, MI 49083 (US)**  
• **Fischell, Robert E.**  
**Dayton, MD 2106 (US)**

(30) Priority: **13.09.2001 US 950956**

(71) Applicant: **Cordis Corporation**  
**Miami Lakes Florida 33014 (US)**

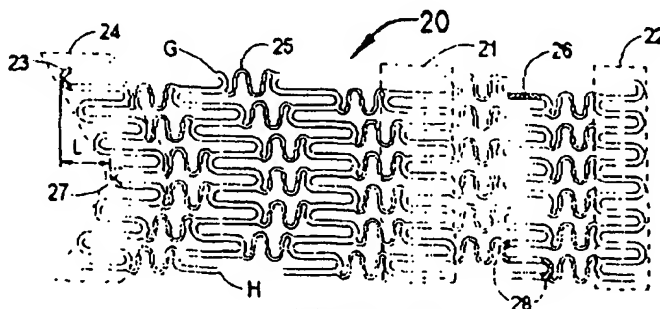
(74) Representative: **Belcher, Simon James**  
**Urquhart-Dykes & Lord**  
**Tower House**  
**Merrion Way**  
**Leeds LS2 8PA (GB)**

(72) Inventors:  
• **Fischell, David R.**  
**Fair Haven, NJ 07704 (US)**

(54) **Stent with angulated struts**

(57) A stent (20) has sets of strut members (21) of which the distal set of strut members (22,24) is perpendicular to the stent's longitudinal axis. The stent includes a multiplicity of circumferential sets of strut members, but only the distal set of strut members has its plane perpendicular to the stent's longitudinal axis. The more proximal sets of strut members are angulated, so that the plane of the most proximal set of strut members has a preset angle such as 30°, 45° or 60° relative to the stent's longitudinal axis. The stent could also be formed from or coated with a highly radiopaque material. Alter-

nately, a radiopaque marker could be placed at the most proximal point of the angulated, side branch stent, for the stent has to be rotated by the clinician until the plane of the most proximal angulated set of strut members is situated to be approximately parallel to the plane of the ostium of the side branch. It is also envisioned to widen the diagonal sections of the most proximal circumferential set of strut members to increase their radiopacity as compared to the radiopacity of the more distal circumferential sets of strut members. This can assist the clinician who places the side branch stent to have it properly placed at the ostium of the side branch.



**FIG. 2A**

**EP 1 293 178 A2**

## Description

[0001] This invention is in the field of stents, that are used to maintain patency of a vessel of the human body.

[0002] It has been shown that intravascular stents are an excellent means to maintain the patency of blood vessels following balloon angioplasty. As stent technology has advanced, more and more complex anatomy has been treatable with stents. A particularly difficult anatomy to treat is that of a bifurcation in a blood vessel at the ostium of a side branch.

[0003] A stent system for bifurcations is disclosed in US-5749825 which has two guide wire lumens allowing the deployment of a stent in the first blood vessel while leaving a guide wire positioned through the stent struts into the second vessel which is a side branch.

[0004] This system required several modifications for universal use. First, by needing two guidewires, the profile (outside diameter) of the stenting system is significantly larger as compared to a stent delivery catheter that uses a single guide wire. Second, the known design does not address placing a stent into the second branch across the ostium, which is often not at a 90° angle to the first vessel.

[0005] A bifurcation stent delivery catheter with two distal balloons and one stent segment for each of the two vessels would give the capability of stenting the second branch vessel, but such a device would be larger in profile and harder to deliver than the known device referred to above. If one places a first stent into a main artery with that stent being positioned across the ostium of the side branch, and the side branch is not at a 90° angle to the main branch, then either the second stent will extend into the main branch of the artery or some portion of the arterial wall at the ostium will not be properly supported by the second stent.

[0006] Most current tubular stents use a multiplicity of circumferential sets of strut members connected by either straight longitudinal connecting links or undulating longitudinal flexible links. The circumferential sets of strut members typically are formed from a series of diagonal sections connected to curved sections, so as to form a circumferential, closed-ring, zig-zag structure. This structure opens up as the stent expands to form the elements of the stent that provide structural support for the arterial wall. A "single strut" member is defined for use herein as a diagonal section connected to a curved section within one of the circumferential sets of strut members.

[0007] The terms "side branch" and "bifurcation" will be used interchangeably throughout this specification.

[0008] It is highly desirable after placing a first stent into the "main branch" of an artery and inserting a guide wire through the side of the expanded stent and into a side branch, to be able to place a stent across the ostium of the angled side branch (or bifurcation) where the second stent provides support to scaffold the arterial wall at the ostium of the side branch without having the stent

extend into the main branch. The present invention uses sets of strut members where the most distal set of strut members is similar to that of most stents in that the plane of the distal set of strut members is perpendicular to the stent's longitudinal axis. The present invention has a multiplicity of circumferential sets of strut members, but only the distal set of strut members has its plane perpendicular to the stent's longitudinal axis. The more proximal sets of strut members are angulated, so that the plane of the most proximal set of strut members has a preset angle such as 30°, 45° or 60° relative to the stent's longitudinal axis. The stent could also be formed from or coated with a highly radiopaque material. Alternatively, a radiopaque marker could be placed at the most proximal point of the angulated, side branch stent, for the stent has to be rotated by the clinician until the plane of the most proximal angulated set of strut members is situated to be approximately parallel to the plane of the ostium of the side branch. It is also envisioned to widen the diagonal sections of the most proximal circumferential set of strut members to increase their radiopacity as compared to the radiopacity of the more distal circumferential sets of strut members. This can assist the clinician who places the side branch stent to have it properly placed at the ostium of the side branch.

[0009] The clinician first determines the angle that the side branch makes with the main artery to which it is connected. The clinician then selects an angulated side branch stent that most closely matches that angle. For example, if the side branch makes an angle of 40° with the main artery, the clinician might select a side branch stent having an angle of 45° between the plane of the most proximal set of strut members and the stent's longitudinal axis. Then, after placing a first stent into a main artery, the clinician would place a guide wire through the side of the expanded stent in the artery's main branch and advance the guide wire into the side branch. If necessary, the clinician might use a balloon of a balloon angioplasty catheter to open the struts of the first stent to "un-jail" the ostium of the side branch. The present invention stent would then be inserted over a guide wire that has been advanced through the struts of the first stent and into the side branch. The present invention stent would then be rotated until the plane of the most proximal angulated set of strut members is parallel to the plane of the ostium of the side branch. The present invention stent would then be inflated across the ostium of the side branch providing good scaffolding because of the angulated struts which are the most proximal set of strut members of the side branch stent.

[0010] A key to rotatability of the present invention is in the design of the stent delivery catheter. The stent delivery catheter must be highly torqueable by the clinician, i.e., there must be a close to one-to-one correlation between how the clinician rotates the proximal end of the stent delivery catheter and how the distal portion including the stent rotates. The present invention envisions modifications of both over-the-wire and rapid ex-

change stent delivery catheters to provide enhanced torqueability for proper rotation and alignment of the angulated stent into a side branch.

[0011] A stent delivery catheter with a fixed guide wire is disclosed in US patent application no. 09/444,104 entitled "Stent Delivery Catheter With a Fixed Guide Wire". This stent delivery catheter is designed to be highly torqueable to allow for proper steering of the fixed guide wire. It is certainly envisioned that the system described in the fixed wire stent patent application can be used for the side branch stent as described herein.

[0012] A balloon angioplasty catheter with a rapid exchange tip is disclosed in US-5830227. This device, when combined with the more proximal portions of the stent delivery catheter with fixed wires could be both low profile and provide for good delivery of a side branch stent. It is also envisioned that a standard over-the-wire balloon angioplasty catheter with enhanced torqueability can be produced that would also serve to rotate into position and properly deliver the side branch stent that is described herein.

[0013] The present invention stent may have one or more standard circumferential sets of strut members at the distal end of the stent and an angulated set of strut members at the proximal end of the stent. To keep the stent cell size small it may be desirable to have the most proximal set of strut members be the most angulated, with each successive set of strut members as taken in the distal direction becoming less angulated, until the plane of the most distal set of strut members is perpendicular to the stent's longitudinal axis.

[0014] The present invention stent delivery catheter may include a non-compliant balloon mounted on a catheter shaft with enhanced torqueability. It is also clear that if the main branch of an artery is essentially free of plaque build-up and only a side branch with an angled ostium is stenosed, then the present invention stent would be ideally suited for elective stenting of the side branch without prior stenting of the main branch. An example of such a use is for stenting at the ostium of a renal artery where it joins the aorta.

[0015] Thus it is an object of this invention to have a stent with its most proximal set of strut members being generally in a plane that is angulated and not perpendicular to the stent's longitudinal axis.

[0016] Another object of this invention is to have more than one angulated set of strut members near the proximal end of the stent.

[0017] Still another object of this invention is to have the most distal set of strut members be a standard "open slot" set of strut members with the plane of the distal set of strut members being perpendicular to the stent's longitudinal axis.

[0018] Still another object of this invention is to have the plane of the angulated sets of strut members change in angle with respect to the stent's longitudinal axis with the most angulated set of strut members being at the proximal end of the stent.

[0019] Still another object of this invention is to have at least one radiopaque marker to indicate the position of the most proximal strut of the angulated stent in order to provide the clinician with a clear indication of the correct rotational alignment of the stent at the ostium of a side branch.

[0020] Still another object of this invention is to have enhanced radiopacity for the most proximal angulated circumferential set of strut members to assist the clinician in rotating the side branch stent to make the plane of the most proximal set of strut members to be situated approximately parallel to the plane of the ostium of the side branch.

[0021] Still another object of this invention is to have a method for stenting at the ostium of a side branch comprising: first stenting the main branch, then placing a guide wire through the first stent's struts into the side branch; dilating with a balloon catheter to unjail the ostium of the side branch; inserting the present invention stent mounted on a balloon into the side branch; rotating the side branch stent until the plane of the most proximal set of strut members is approximately parallel to the plane of the ostium of the side branch and then deploying the side branch stent.

[0022] Still another object of the present invention is to have a stent delivery catheter for side branch stenting having a catheter shaft with enhanced torqueability.

[0023] Still another object of the present invention is to have a fixed wire stent delivery catheter that includes a side branch stent.

[0024] Still another object of the present invention is to have a self-expanding stent having its most proximal set of strut members having a plane that is angulated relative to the stent's longitudinal axis thereby being adapted for deployment at the ostium of a side branch.

[0025] This invention will now be described by way of example with reference to the accompanying drawings, in which:

FIG. 1A is cross section of the prior art showing an artery with a side branch where a first stent is placed into the main branch and a second stent is placed into a side branch leaving part of the wall of the side branch unsupported.

FIG. 1B is a cross section of the prior art showing an artery with a side branch where a first stent is placed in the main branch and a second stent is placed into a side branch where a proximal portion of the second stent extends part way into the main branch.

FIG. 2A is a layout view of one embodiment of the present invention stent.

FIG. 2B is a layout view of a second embodiment of the present invention stent.

FIG. 2C is an enlargement of the radiopaque marker of FIG. 2B.

FIG. 2D is a layout view of a third embodiment of the present invention stent.

FIG. 3A illustrates a distal portion of a stent delivery catheter having the present invention (which is a side branch stent) mounted onto that catheter.

FIG. 3B illustrates the present invention stent expanded by the balloon of its stent delivery catheter.

FIG. 4A is a cross section of an artery with a side branch where a first stent has placed in the main branch and the present invention stent is advanced on its stent delivery catheter before being deployed into the side branch.

FIG. 4B is a cross section of an artery with a side branch where a first stent has been placed in the main branch and the present invention stent has been deployed in the side branch.

FIG. 5A is a cross section of a stent delivery catheter having a side branch stent about to be placed at the ostium of an arterial side branch.

FIG. 5B is a cross section of the side branch stent of FIG. 5A as it is deployed into the side branch.

**[0026]** Referring to the drawings, FIG. 1A shows an artery with a side branch, (i.e., a bifurcated artery) where a first "prior art" stent 1 has been deployed into the main branch and a second "prior art" stent 2A has been deployed into the side branch leaving the section 3 of the arterial wall at the ostium of the side branch unstented and therefore unsupported. The side branch vessel attaches to the main branch at an acute angle  $\Phi$  that is less than  $90^\circ$ . An angle  $\Phi=90^\circ$  would be a perpendicular attachment.

**[0027]** FIG. 1B shows an artery with side branch where a first "prior art" stent 1 has been deployed into the main branch and a second "prior art" stent 2B has been deployed into the side branch. In FIG. 1B, the second stent 2B extends part way into the main branch causing the stents to overlap. Such an extension of metal into an artery can cause turbulent blood flow that can readily result in subacute thrombosis.

**[0028]** FIG. 2A is a flat layout view of one embodiment of a cylindrical side branch stent 20. The stent 20 has "N" shaped flexible connecting links 25. The stent 20 is shown in its crimped pre-deployed state as it would appear if it were cut longitudinally and then laid out into a flat, 2-dimensional configuration. It should be clearly understood that the stent 20 is in fact cylindrical in shape, which cylindrical shape would be obtained by rolling the flat configuration of FIG. 2A into a cylinder with the top points "G" joined to the bottom points "H".

**[0029]** The stent 20 comprises a multiplicity of centrally located, longitudinally separated, circumferential sets of strut members 21 and distal end and proximal end sets of strut members 22 and 24 respectively. Each set of strut members 21, 22, or 24 is a cylindrical, closed, zig-zag, ring-like section of the stent 20 consisting of a multiplicity of curved sections 28 connected to diagonal sections 26. Except at the distal and proximal ends of the stent 20, every curved section 28 is attached to a flexible "N" link 25. Such an attachment makes the stent

20 classified as a "closed cell" or "fully-connected" stent. The unique feature of the stent 20 that makes it well suited for placement into the ostium of a side branch vessel is the angulation of the most proximal set of strut members 24. Unlike the set of strut members 22 at the distal end of the stent 20, the set of strut members 24 is angulated with a longitudinal distance "L" between the outside of the most proximal curved section 23 of the set of strut members 24 and the outside of the most distal curved section 27 of the proximal set of strut members 24. As the set of strut members 24 is cylindrical in nature, this allows for alignment of the set of strut members 24 with the angulated ostium of a side branch vessel. If "L" is relatively small, then the side branch stent 20 will be well suited for vessels with an angle  $\Phi$  at nearly  $90^\circ$  to the main branch. As "L" increases, the stent 20 becomes well suited for side branch vessels that are at angles  $\phi$  less than  $90^\circ$ . One can envision a set of side branch stent products having three key dimensions, length, diameter and angle. For  $90^\circ$ , a prior art stent will suffice, for nearly  $0^\circ$  (a bifurcation that is essentially parallel to the main branch), three prior art stents can be used with one placed in the main branch before the bifurcation and one in each leg of a bifurcation. The present invention is most applicable to angles between  $10$  and  $80^\circ$  and might be produced with angles of  $15$ ,  $30$ ,  $45$ ,  $60$  and  $75^\circ$  to meet the needs of most bifurcated arteries of a human body.

**[0030]** The stent 20 is typically fabricated by laser machining of a cylindrical, thin-walled, metal tube. The stent 20 would be formed from or coated with a highly radiopaque material so that the angulated set of strut members 24 can be visualized for alignment with the ostium of the side branch before deployment of the stent. If the entire stent 20 is not formed from a radiopaque metal, then at least the most proximal set of strut members 24 should be made from a highly radiopaque metal. For example, a stent with a gold coating to produce a more radiopaque end set of strut members as disclosed in US-6086604 could be used for the side branch stent.

**[0031]** FIG. 2B is a flat layout view of a second embodiment of the present invention stent 30. The stent 30 has straight links 35 connecting the sets of strut members, but not on every curved section 38. The stent 30 comprises a multiplicity of centrally located, longitudinally separated, sets of strut members 31 and distal end and proximal end sets of strut members 32 and 34 respectively. The sets of strut members 31, 32 and 34 are connected to each other by longitudinally extending straight links 35. Each set of strut members 31, 32, or 34 is a cylindrical, closed, zig-zag, ring-like section of the stent 30 consisting of a multiplicity of curved sections 38 connected to diagonal sections 36. In the centre of the stent 30, not all of the curved sections 38 are attached to a straight connecting links 35. Such an attachment makes the stent 30 classified as an "open cell" stent or a stent that is not "fully connected". The unique

feature of the stent 30 making it well suited for placement into the ostium of a side branch is the shape of the most proximal set of strut members 34. Unlike the set of strut members 32 at the distal end of the stent 30, the set of strut members 34 is angulated like the set of strut members 24 of the stent 20 of FIG. 2A. As the set of strut members 34 is cylindrical in nature, this allows for alignment of the proximal set of strut members 34 with the angulated ostium of a side branch vessel.

**[0032]** FIGS. 2B and 2C illustrate a radiopaque marker 33 placed into a marker holder 41 attached to the most proximal curved section 37 of the proximal set of strut members 34. The radiopaque marker 33 allows for better visualization of the most proximal side of the angulated set of strut members 34 and also provides the implanting clinician with an indication of the correct rotational position for the stent 30 at the ostium of the side branch. This feature also allows the stent 30 to be made from a less radiopaque material such as Nitinol or stainless steel.

**[0033]** It is also envisioned that more than one such marker could be attached to the most proximal set of strut members 34. Ideally, one marker would be attached to the most proximal of the curved sections 37 of the end set of strut members 34 and a second marker would be attached to the least proximal of the proximal curved sections 39. The use of two such markers would assist the implanting clinician in accurately placing the side branch stent into the ostium of a side branch.

**[0034]** FIG. 2D is a flat layout view of a third embodiment of the present invention stent 70. The stent 70 comprises a multiplicity of centrally located, longitudinally separated, sets of strut members 71 and distal end and proximal end sets of strut members 72 and 74 respectively. Each set of strut members 71, 72, or 74 is a cylindrical, closed, zig-zag, ring-like section of the stent 70 consisting of a multiplicity of curved sections 78 connected to diagonal sections 76. Except at the distal and proximal ends of the stent 20, every curved section 28 is attached to a flexible "N" link 75. Such an attachment makes the stent 70 classified as a "closed cell" or "fully connected" stent. The stent 70 is very similar to the stent 20 of FIG. 2A with the difference being in the greater width "W" of the diagonal sections 73 of the most proximal set of strut members 74 as compared to the width "W" of the other diagonal sections 76. This increased width of the diagonal sections 73 will make the most proximal angulated set of strut members 74 more visible and improve the ability to align it properly with the plane of the ostium of a side branch.

**[0035]** FIG. 3A is a sketch of a distal portion of the stent delivery catheter for the side branch stent 20 mounted on a stent delivery catheter 60. The stent 20 is mounted onto a balloon 44 attached to distal shaft 46 and proximal shaft 42 of the stent delivery catheter 60. A guide wire 50 is also shown in FIG. 3A. The most proximal set of strut members 24 is seen with its angulated shape such that the stent delivery catheter 60 must be rotated

during stent delivery to align the set of strut members 24 with the ostium of a side branch.

**[0036]** FIG. 3A can represent any of the three types of stent delivery catheters; namely: (1) a fixed wire, (2) over-the-wire or (3) rapid exchange type stent delivery catheter system. In an over-the-wire system, the guide wire 50 would be slideable through a lumen in the shaft 46 that extends from the distal end of the shaft 46 to the proximal end of the system 60 as is well known for over-the-wire balloon angioplasty catheters. In a rapid exchange system, the guide wire 50 would be slideable through a lumen in the shaft 46 that extends from the distal end of the shaft 46 to a location between the proximal end of the balloon 44 and the proximal end of the catheter 60. In a fixed wire system, the guide wire 50 would be permanently attached to the shaft 46 as disclosed in US patent application no. 09/444104.

**[0037]** FIG. 3B is a sketch of the present invention stent 20' as radially expanded by the inflated balloon 44' of the stent delivery catheter 60'. The expanded most proximal set of strut members 24' forms an angulation angle  $\alpha$  with the longitudinal axis 61 of the stent 20'. Ideally, a side branch stent 20 should have the angulation angle  $\alpha$  that is approximately equal to the angle  $\Phi$  of the side branch as shown in FIGS. 1A and 1B. Having these two angles within  $\pm 15^\circ$  can provide for good support of the arterial wall at the ostium of an arterial side branch.

**[0038]** FIG. 4A is a cross section of an artery with a side branch where a first stent 1 has been placed into the proximal vessel and main branch of a bifurcated artery and the stent delivery catheter 60 of FIG. 3A has been advanced over the guide wire 50 through the struts of the stent 1 into a stenosed side branch. Once the stent 20 has been pushed through the struts of the stent 1, the proximal end (not shown) of the shaft 42 of the stent delivery catheter 60 (which proximal end is situated outside the body) is rotated by the physician until the most proximal set of strut members 24 of the stent 20 is aligned with the plane of the ostium of the side branch. The stent 20 is then deployed and the balloon catheter 60 is removed from the body.

**[0039]** The result of the deployment is shown in FIG. 4B. The angulation of the most proximal set of strut members 24' of the deployed stent 20', allows the stent 20' to support the arterial wall at the ostium of the side branch without leaving an un-stented region and without having part of the stent 21' extend into the main branch. Thus the shortcomings of prior art stents as illustrated by FIGS. 1A and 1B is overcome by the improved performance of the present invention.

**[0040]** FIG. 5A is a cross section of an artery with a side branch where the stent delivery catheter 60 and guide wire 50 have been advanced into a stenosed side branch prior to stent deployment. Once the stent 20 has been pushed into the side branch, the proximal end (not shown) of the shaft 42 of the stent delivery catheter 60 is rotated by the clinician until the plane of the most proximal set of strut members 24 of the stent 20 is approxi-

mately aligned with the plane of the ostium of the side branch. The stent 20 is then deployed and the balloon catheter 60 is removed from the body.

[0041] The result of the stent deployment is shown in FIG. 5B. The angulation of the most proximal set of strut members 24' of the deployed stent 20' allows the stent 20' to support the arterial wall at the ostium of the side branch without leaving an un-stented region and without extending into the main branch of the artery.

[0042] Although the descriptions herein have concentrated on application of the present invention to balloon expandable stents, it is also envisioned that a self-expanding stent having an angulated most proximal set of strut members can also be produced and deployed at the ostium of a side branch. Such a self-expanding stent could be made from Nitinol with one or more radiopaque markings.

#### Claims

##### 1. A stent comprising:

a thin-walled, multi-cellular, tubular structure having a longitudinal axis, a proximal end and a distal end; a multiplicity of circumferential sets of strut members, longitudinally separated each from the other and each set of strut members forming a closed, cylindrical portion of the stent, the stent also having a proximal set of strut members located at the proximal end of the stent, a distal set of strut members located at the distal end of the stent and central sets of strut members positioned between the proximal and distal sets of strut members, the plane of the most proximal set of strut members having an angulation between 15 and 75 ° with respect to the longitudinal axis of the stent when the stent has been expanded within a vessel of the human body and the plane of the proximal distal and central sets of strut members differing from one another.

2. The stent of claim 1 wherein the stent is self-expanding.

3. The stent of claim 1 wherein the stent is balloon expandable.

4. The stent of claim 1 wherein the stent is mounted on a fixed-wire stent delivery catheter.

5. The stent of claim 1 wherein the stent is mounted on an over-the-wire stent delivery catheter.

6. The stent of claim 1 wherein the stent is mounted on a rapid exchange stent delivery catheter.

7. The stent of claim 1 wherein the entire stent is formed from a radiopaque metal, preferably tantalum.

8. The stent of claim 1 wherein the stent is coated with a radiopaque metal, preferably gold.

9. The stent of claim 1 wherein the proximal set of strut members is coated with a radiopaque metal, preferably gold.

10. The stent of claim 1 wherein a radiopaque marker is attached to one of (a) the most proximal location on the most proximal set of strut members, and (b) the most distal location on the most proximal set of strut members.

11. The stent of claim 1 wherein diagonal sections of the proximal set of strut members have a greater average width than the width of diagonal sections of the central sets of strut members.

12. The stent of claim 1 wherein the sets of strut members are connected each to the other by at least one of (a) by longitudinally extending flexible links having an undulating shape, and (b) longitudinally extending straight links.

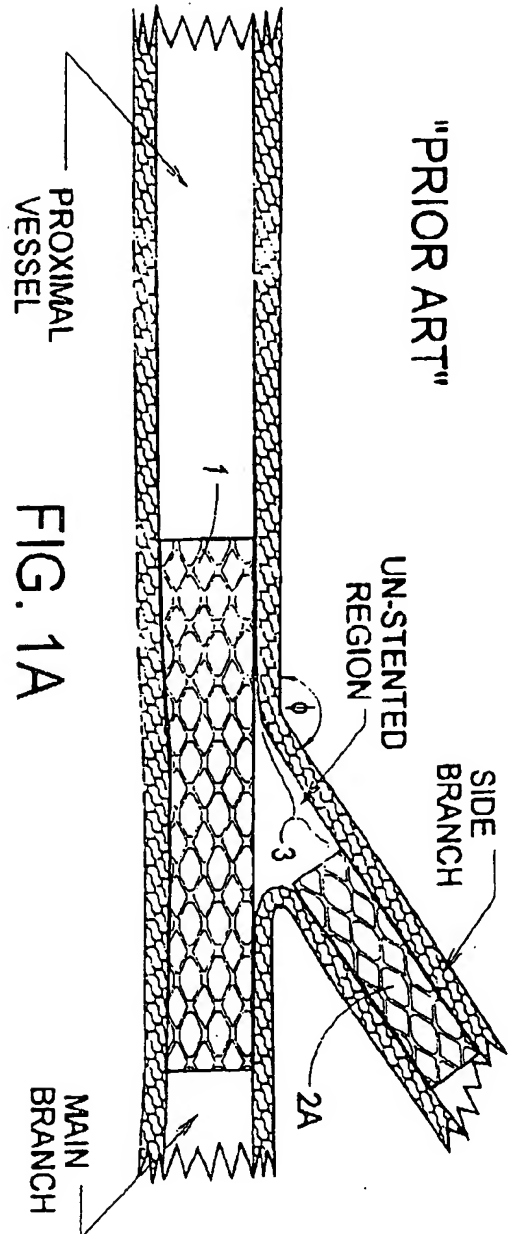


FIG. 1A

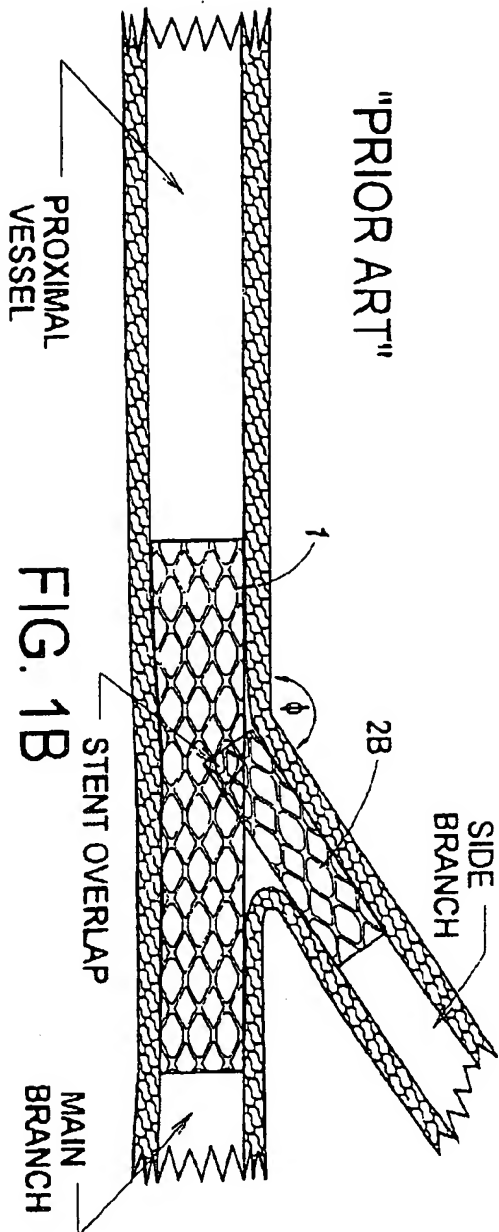


FIG. 1B

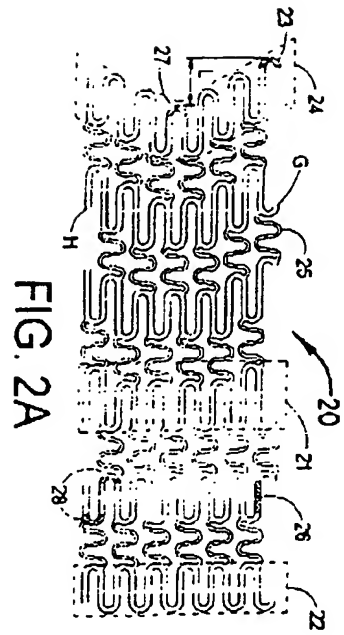


FIG. 2A

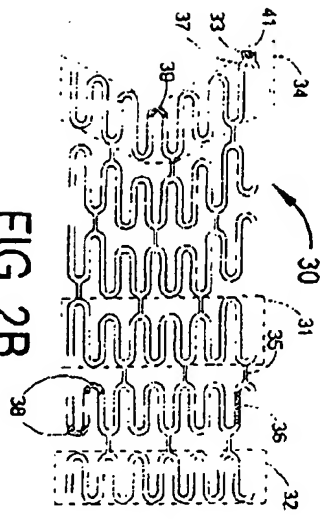


FIG. 2B

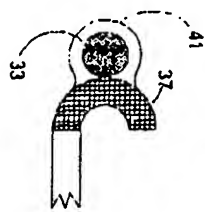


FIG. 2C

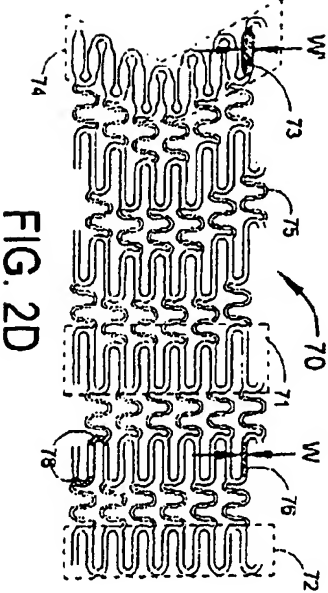


FIG. 2D



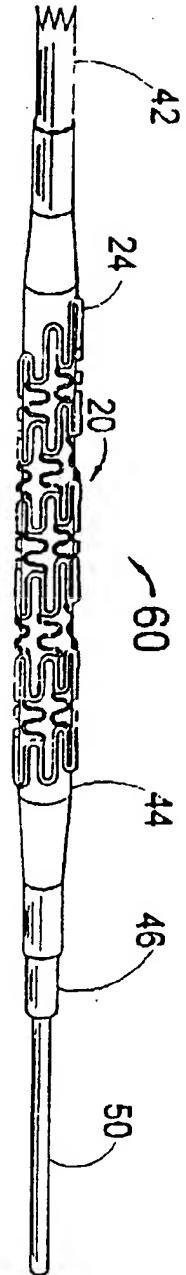


FIG. 3A

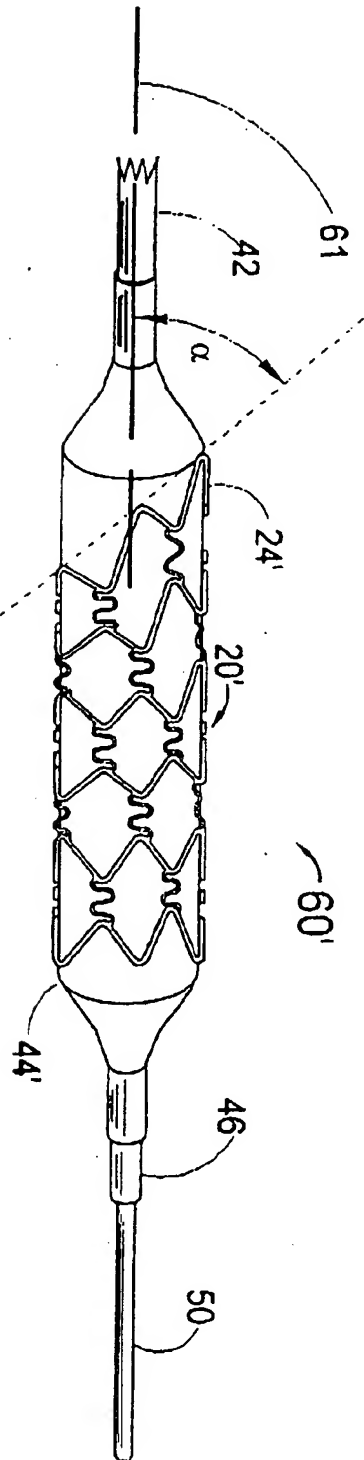
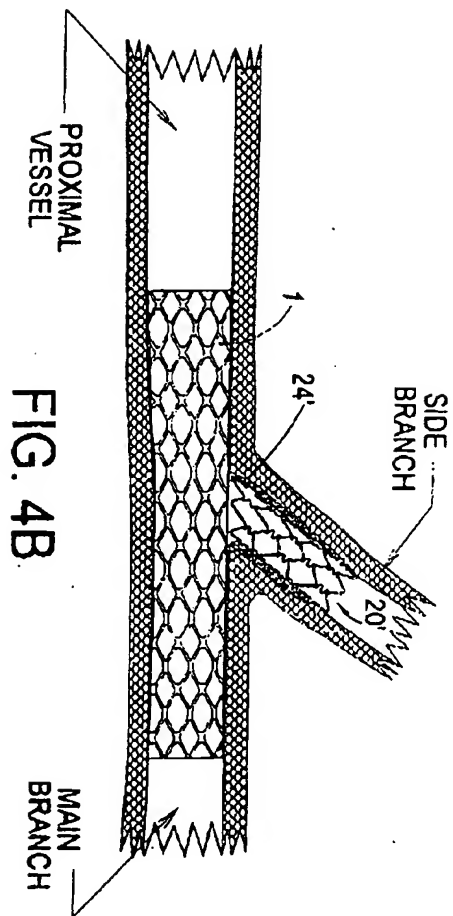
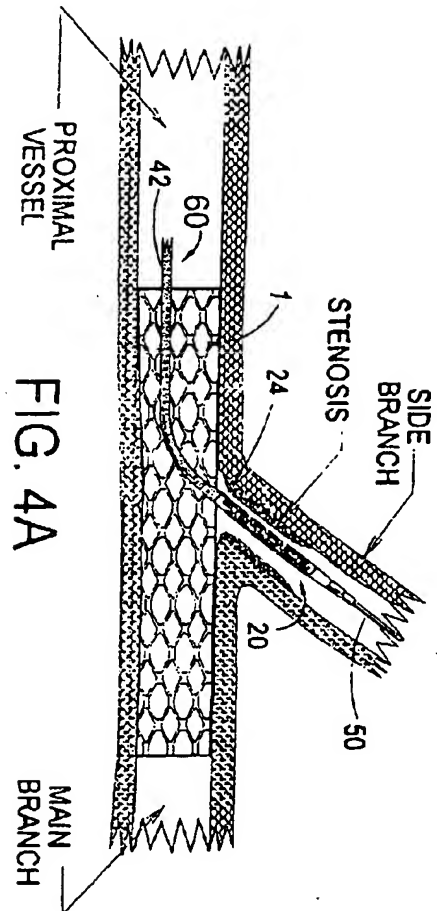
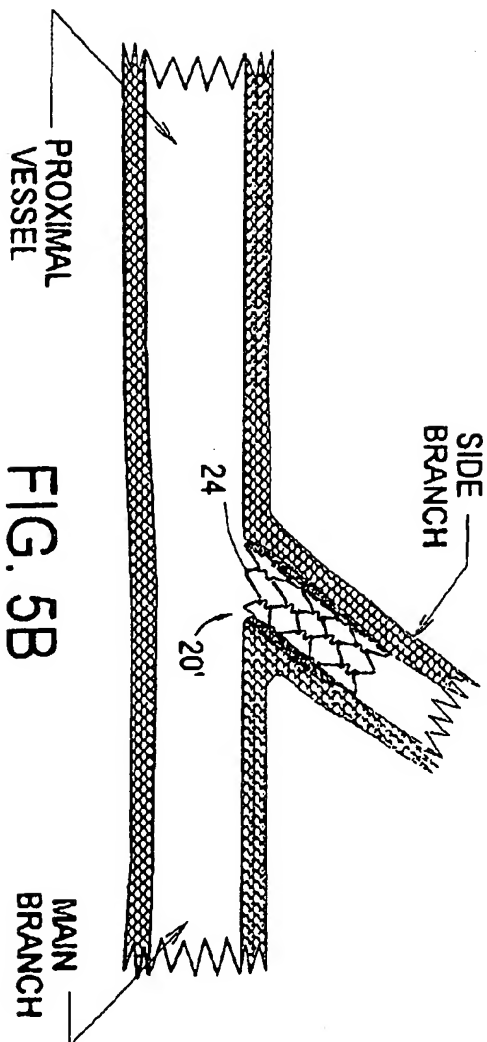
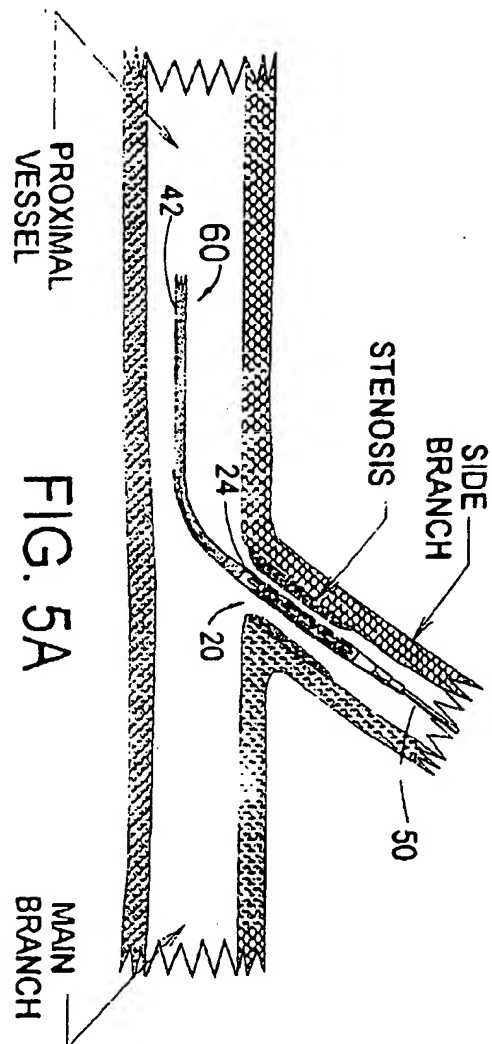


FIG. 3B







Europäisches Patentamt  
European Patent Office  
Office européen des brevets



(11)

**EP 1 293 178 A3**

(12)

**EUROPEAN PATENT APPLICATION**

(88) Date of publication A3:  
14.01.2004 Bulletin 2004/03

(51) Int Cl.7: **A61F 2/06**

(43) Date of publication A2:  
19.03.2003 Bulletin 2003/12

(21) Application number: **02256355.5**

(22) Date of filing: **13.09.2002**

(84) Designated Contracting States:  
**AT BE BG CH CY CZ DE DK EE ES FI FR GB GR  
IE IT LI LU MC NL PT SE SK TR**  
Designated Extension States:  
**AL LT LV MK RO SI**

• **Fischell, Tim A.**  
Richland, MI 49083 (US)  
• **Fischell, Robert E.**  
Dayton, MD 2106 (US)

(30) Priority: **13.09.2001 US 950956**

(71) Applicant: **Cordis Corporation**  
Miami Lakes Florida 33014 (US)

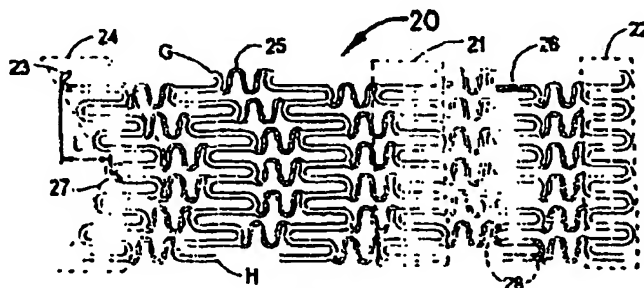
(74) Representative: **Belcher, Simon James**  
Urquhart-Dykes & Lord  
Tower House  
Merrion Way  
Leeds LS2 8PA (GB)

(72) Inventors:  
• **Fischell, David R.**  
Fair Haven, NJ 07704 (US)

**(54) Stent with angulated struts**

(57) A stent (20) has sets of strut members (21) of which the distal set of strut members (22,24) is perpendicular to the stent's longitudinal axis. The stent includes a multiplicity of circumferential sets of strut members, but only the distal set of strut members has its plane perpendicular to the stent's longitudinal axis. The more proximal sets of strut members are angulated, so that the plane of the most proximal set of strut members has a preset angle such as 30°, 45° or 60° relative to the stent's longitudinal axis. The stent could also be formed from or coated with a highly radiopaque material. Alter-

nately, a radiopaque marker could be placed at the most proximal point of the angulated, side branch stent, for the stent has to be rotated by the clinician until the plane of the most proximal angulated set of strut members is situated to be approximately parallel to the plane of the ostium of the side branch. It is also envisioned to widen the diagonal sections of the most proximal circumferential set of strut members to increase their radiopacity as compared to the radiopacity of the more distal circumferential sets of strut members. This can assist the clinician who places the side branch stent to have it properly placed at the ostium of the side branch.



**FIG. 2A**

**EP 1 293 178 A3**



European Patent  
Office

## EUROPEAN SEARCH REPORT

Application Number  
EP 02 25 6355

DOCUMENTS CONSIDERED TO BE RELEVANT			
Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (Int.Cl.7)
X	US 2001/016767 A1 (MAUCH KEVIN M ET AL) 23 August 2001 (2001-08-23)	1-6	A61F2/06
Y	* figures 5A,B * * paragraph [0104] * * paragraph [0114] * * paragraph [0121] *	7-12	
X	EP 0 891 751 A (ISCHINGER THOMAS PROF DR) 20 January 1999 (1999-01-20) * figure 4A *	1	
X	US 5 893 887 A (JAYARAMAN SWAMINATHAN) 13 April 1999 (1999-04-13) * figures 2,8 * * column 2, line 26 - line 29 *	1	
Y	EP 0 916 317 A (MEDINOL LTD) 19 May 1999 (1999-05-19) * claims 1,6 * * column 5, line 40 - line 41 * * figure 3A *	7-9	
Y	EP 0 679 372 A (ADVANCED CARDIOVASCULAR SYSTEM) 2 November 1995 (1995-11-02) * figure 1A * * column 6, line 16 - line 52 *	10,11	
Y	US 6 183 506 B1 (PENN IAN M ET AL) 6 February 2001 (2001-02-06) * figures 3,10 *	12	
A	US 6 210 431 B1 (POWER JOHN A) 3 April 2001 (2001-04-03) * figure 9D *	1	
The present search report has been drawn up for all claims			
Place of search MUNICH		Date of completion of the search 18 November 2003	Examiner Franz, V
<p>CATEGORY OF CITED DOCUMENTS</p> <p>X : particularly relevant if taken alone  Y : particularly relevant if combined with another document of the same category  A : technological background  O : non-written disclosure  P : intermediate document</p> <p>T : theory or principle underlying the invention  E : earlier patent document, but published on, or after the filing date  D : document cited in the application  L : document cited for other reasons  &amp; : member of the same patent family, corresponding document</p>			

EPO FORM 1503 (03.02) (P04C01)



European Patent  
Office

# EUROPEAN SEARCH REPORT

Application Number  
EP 02 25 6355

DOCUMENTS CONSIDERED TO BE RELEVANT			
Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (Int.Cl.7)
A	EP 1 042 997 A (CORDIS CORP) 11 October 2000 (2000-10-11) * figure 12 *	11	
A	US 6 273 910 B1 (LIMON TIMOTHY A) 14 August 2001 (2001-08-14) * figure 7 * * column 7, line 23 - line 31 *	11	
The present search report has been drawn up for all claims			TECHNICAL FIELDS SEARCHED (Int.Cl.7)
Place of search: <b>MUNICH</b>		Date of completion of the search: <b>18 November 2003</b>	Examiner: <b>Franz, V</b>
<p><b>CATEGORY OF CITED DOCUMENTS</b></p> <p>X : particularly relevant if taken alone  Y : particularly relevant if combined with another document of the same category  A : technological background  O : non-written disclosure  P : intermediate document</p> <p>T : theory or principle underlying the invention  E : earlier patent document, but published on, or after the filing date  D : document cited in the application  L : document cited for other reasons  &amp; : member of the same patent family, corresponding document</p>			

EPPO FORM 1503 (03.02.2004)

**ANNEX TO THE EUROPEAN SEARCH REPORT  
ON EUROPEAN PATENT APPLICATION NO.**

EP 02 25 6355

This annex lists the patent family members relating to the patent documents cited in the above-mentioned European search report. The members are as contained in the European Patent Office EDP file on  
The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

18-11-2003

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
US 2001016767 A1	23-08-2001	US 6264682 B1	24-07-2001
		US 2001037138 A1	01-11-2001
EP 0891751 A	20-01-1999	EP 0891751 A1	20-01-1999
		AU 8557398 A	10-02-1999
		EP 1001719 A1	24-05-2000
		WO 9903426 A1	28-01-1999
		JP 2001510072 T	31-07-2001
US 5893887 A	13-04-1999	NONE	
EP 0916317 A	19-05-1999	AU 757255 B2	13-02-2003
		AU 8192998 A	10-06-1999
		AU 8882998 A	07-06-1999
		BR 9803598 A	07-12-1999
		CN 1217216 A	26-05-1999
		CZ 9803355 A3	16-06-1999
		DE 19846013 A1	20-05-1999
		EE 9800313 A	15-06-1999
		EE 200200176 A	17-06-2002
		EP 0916317 A1	19-05-1999
		GB 2331246 A ,B	19-05-1999
		WO 9925272 A1	27-05-1999
		IL 125897 A	08-08-2001
		JP 11226132 A	24-08-1999
		NO 983878 A	14-05-1999
		NZ 331532 A	28-01-2000
		PL 328338 A1	24-05-1999
		SG 67545 A1	21-09-1999
		SK 145898 A3	11-06-1999
		US 6315794 B1	13-11-2001
		US 2002010505 A1	24-01-2002
EP 0679372 A	02-11-1995	CA 2147709 A1	26-10-1995
		DE 69510986 D1	02-09-1999
		DE 69510986 T2	02-12-1999
		EP 0679372 A2	02-11-1995
		JP 2825452 B2	18-11-1998
		JP 8126704 A	21-05-1996
		US 5725572 A	10-03-1998
US 6183506 B1	06-02-2001	CA 2171047 A1	06-09-1997
		CA 2175722 A1	04-11-1997
		CA 2185740 A1	18-03-1998
		CA 2192520 A1	05-09-1997
		AT 203151 T	15-08-2001

EPO FORM P0459

For more details about this annex : see Official Journal of the European Patent Office, No. 12/82

**ANNEX TO THE EUROPEAN SEARCH REPORT  
ON EUROPEAN PATENT APPLICATION NO.**

EP 02 25 6355

This annex lists the patent family members relating to the patent documents cited in the above-mentioned European search report. The members are as contained in the European Patent Office EDP file on  
The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

18-11-2003

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
US 6183506	B1	AU 1864397 A	22-09-1997
		AU 1864497 A	22-09-1997
		AU 765228 B2	11-09-2003
		CA 2248716 A1	12-09-1997
		CA 2248718 A1	12-09-1997
		WO 9732543 A1	12-09-1997
		WO 9732544 A1	12-09-1997
		DE 69705706 D1	23-08-2001
		DE 69705706 T2	05-09-2002
		EP 1066804 A2	10-01-2001
		EP 0888093 A1	07-01-1999
		EP 0888094 A1	07-01-1999
		JP 2001501493 T	06-02-2001
		JP 2001501494 T	06-02-2001
		US 2002165605 A1	07-11-2002
		US 6217608 B1	17-04-2001
		US 2002169501 A1	14-11-2002
		US 2002183832 A1	05-12-2002
		US 6375677 B1	23-04-2002
		CA 2214627 A1	05-09-1998
US 6210431	B1	03-04-2001	NONE
EP 1042997	A	11-10-2000	US 6325825 B1
			04-12-2001
			AU 2760200 A
			12-10-2000
			CA 2304325 A1
			08-10-2000
US 6273910	B1	14-08-2001	EP 1042997 A1
			11-10-2000
			JP 2000312721 A
			14-11-2000
			US 2002016623 A1
			07-02-2002
			AU 3872500 A
			28-09-2000
			EP 1158934 A1
			05-12-2001
			JP 2002537944 A
			12-11-2002
			WO 0053122 A1
			14-09-2000

EPO FORM P0459

For more details about this annex : see Official Journal of the European Patent Office, No. 12/82